



T E X A S ☆ T I M E S

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## Rural Health Care: Back to the Future

By U.S. Sen. John Cornyn

In the early days of the Texas frontier, when people were sick or hurt, they couldn't look to sprawling urban medical facilities for their health care. They depended on each other.

Even by the late 1880s, whenever illness struck, health care choices were still limited. There were a few traditional physicians who traveled on horseback to treat the ill. Folk healers, midwives and pharmacists were sometimes available. But neighbors continued to play important roles, as sources for home remedies or an extra pair of hands to boil water during a birth.

Today, health care is far more centralized—and bureaucratized. Anyone who has ever called an 800 number to ask an operator in another state about treatment pre-authorization knows how impersonal medicine can be today.

This centralization comes during dramatic advances in health care over recent years. Texas has been among national leaders in medical research and care. In our world-famous medical centers in Houston, Dallas, Waco, San Antonio and elsewhere, organs are transplanted, arteries and veins are plumbed, cancers are cured, traumatic injuries repaired and severe burns healed.

But beyond the shadows of the big-city medical towers live hundreds of thousands of rural Texans. Many do not have access to a single physician or hospital in their county. In 2003, for instance, one-quarter of the state's 254 counties had two physicians or fewer—sometimes none at all—and no acute-care hospital.

The population in rural Texas is dispersed, and often older, poorer and more under-insured than their urban counterparts. This makes it difficult to attract new health care providers.

I met in College Station last month with Dr. Jim Burdine from Texas A&M's School of Rural Public Health. He's devoted his professional life to improving health care for rural Americans. A few years ago, Jim and a group of concerned leaders surveyed their area in search of solutions.

As they talked to residents in the urban center of Brazos County, and the more rural Burleson, Grimes, Leon, Madison, Robertson and Washington counties, they learned transportation was a major hurdle to health care delivery. Older people particularly said they couldn't drive the long distance to medical appointments because their car was unreliable, or because the office was just too far to go, safely, alone.

So, with the survey of community needs in hand, Texas A&M joined with a variety of allies in 2002 to form the Brazos Valley Health Partnership. Partners included the Brazos Valley Council of Governments, St. Joseph Regional Health Center, the College Station Medical Center, and the Brazos County Health Department.

Ironically, the partners have found some of their solutions by looking back to the future. They looked to the spirit of frontier days, when neighbors and skilled laypersons provided helping hands in times of need. They developed a system that relies on the community to assist others and repair a safety net that was badly frayed.

Over the past four years, Dr. Burdine told me, five storefront community health centers were opened in four rural counties, largely through modest public start-up funding, donations and other forms of community "sweat equity."

The centers provide a host of health care resources, referrals and case management to the area's most vulnerable people. In some of the centers, a health care provider is also available for on-site treatment.

Area residents now have health care choices they didn't have before, and they can actually get to them. The partnership has three vans to help transport area residents to their medical appointments.

Two more community health centers are planned, and already there are great success stories. More than 6,000 clients have received services through the centers, and more than 2,300 free rides have been provided to rural residents who couldn't have made their medical appointments otherwise.

The project relies heavily on the generosity of neighbors. One Madison County man in his 60s relied on the Partnership for transportation to cancer chemotherapy treatments. I'm happy to say he is now in remission. And he now serves as a volunteer driver for his rural neighbors who need transportation to their health care appointments.

While some providers run on a frantic treadmill seeking state or federal dollars to defray the rising cost of health care, Dr. Burdine said the Partnership has chosen another route. The partners got some government start-up money to get their project going. But they now rely on local support—including donations—to ensure government budget problems don't cripple the momentum they've built.

Dr. Burdine's advice for Texans in other rural areas who would like to start their own partnership is simple: "Believe that you can." Their success shows the ongoing power of community. It proves the old-fashioned values of the frontier have staying power, and that the simple act of neighbors assisting neighbors remains the best way to address many of our modern problems.

Government has a vital role to fulfill. But increasing government is not necessarily the answer to every situation—particularly when it comes to the need for attentive, preventive and efficient health care in underserved areas.

Self-sufficiency has stood the test of time. I hope its spirit will continue to spread through America, and become as vibrant as it is among the neighbors in the Brazos Valley.

*Sen. Cornyn is a member of the following Senate Committees: Armed Services, Judiciary, Budget, Small Business and Entrepreneurship, and Joint Economic. He is also the chairman of the subcommittees on Immigration, Border Security and Citizenship and Emerging Threats and Capabilities. He served previously as Texas Attorney General, Texas Supreme Court Justice and Bexar County District Judge.*